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PTO/SB/05 (12/97) Approved for use through 09/30/00. OMB 0651-0032
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PATENT APPLICATION TRANSMITTAL

STEPHEN MICHAEL LORD

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No.

EL371170757US

| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application con | tents. | ADDRESS TO: Box Patent Application Washington, DC 20231 | | | | | |
|--|---|---|--|--|--|--|--|
| 1. + Fee Transmittal Form (Submit an original, and a duplicate for fee processing preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 USC 113) [Total Sheets] 4. Oath or Declaration [Total Pages] - Abstract of the Disclosure [Total Pages] - Abstract of the Disclosure [Total Pages] - Abstract of the Disclosure [Notal Pages] - Abstract of the Disclosure [Total Pages] - Abstract | Mashington, DC 20231 6. Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. Assignment Papers (cover sheet & document(s)) 9. 37 CFR 3.73(b) Statement (when there is an assignee) 10. English Translation Document (if applicable) 11. X Information Disclosure Statement (IDS)/PTO-1449 12. Preliminary Amendment 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. X Small Entity Statement filed in prior application, Status still proper and desired 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) | | | | | | |
| copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: | | | | | | | |
| Continuation Divisional Continuation-in-part (CIP) of prior application No:/ | | | | | | | |
| 18. CORR | ESPONDE | NCE ADDRESS | | | | | |
| Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) | | | | | | | |
| NAME STEPHEN MICHAEL LORI | D | | | | | | |
| ADDRESS 109 PEPPERTREE LANE | | | | | | | |
| CITY ENCINITAS | STATE | CA ZIP CODE 92024 | | | | | |
| | ELEPHONE | 760 942 2359 FAX 760 943 9544 | | | | | |

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| ADDICATION AND STREET TRANSMITTAL Note: Effective October 1, 1987. Patient fees are subject to annual version. TOTAL AMOUNT OF PAYMENT (\$) 4.23 METHOD OF PAYMENT (check one) | | Complete if Known | | | | | | |
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Date 17

STEPHEN MICHAEL LORD

Typed or

Signature

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